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Date:

AB 2136 SOLID WASTE DISPOSAL AND CODISPOSAL SITE CLEANUP PROGRAM Payment Request Form

| 1. PROJECT: | 2. GRANT REFERENCE NUMBER: | |
|--|---|----|
| | 2136 | |
| | | |
| 3. PAYMENT SUMMARY (Attach receipts, invoices for completed work signed by Contractor and Grantee' authorized representative, and other documents needed to substantiate this payment request) | | |
| a. Type of Payment <i>(check box)</i> : | □ Final | |
| b. Eligible Site Cleanup Costs Through This Pay Request: | | |
| (1) Site Cleanup | | \$ |
| (2) Testing | | \$ |
| (3) Engineering Services (maximum 12% of Site Cleanup plus Testing Costs) | | \$ |
| Total (Site Cleanup plus Testing plus Engineering Services Costs) | | \$ |
| c. State Share (50% of total for Matching Grant; 100% for Full Grant to LEA) | | \$ |
| d. Less 10% Retention (Paid upon Completion of Grant Agreement) | | \$ |
| e. Total Payment Due | | \$ |
| f. Less Previous Payments | | \$ |
| g. Amount Due This Payment | | \$ |
| h. Total Grant Amount (Total of Payments Not to Exceed This Amount) | | \$ |
| | | |
| 4. SEND PAY WARRANT TO | | |
| Name of Agency: | | |
| Street Address: | | |
| City/State/Zip Code: | | |
| Attention of: | | |
| | | |
| 5. CERTIFICATION | | |
| Certification: I certify that the above information is correct and that all funds received have been or will be expended In accordance with the Grant Agreement. | Signature of Person Authorized by Resolution: | |
| | Name & Title (Type or Print): Date: | |
| EOD CALIEODNIA INTECDATED WASTE MANACEMENT DOADD LISE ONLY | | |

AMOUNT AUTHORIZED FOR PAYMENT (NOTE: 10% RETAINED PER 3d ABOVE)

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CIWMB Project Engineer Approval: